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ABSTRACT

This Interim Drug Strategy is intended to give a new sense of direction and to reinvigorate the nation's efforts against drug trafficking and abuse. The preface to the report lists eight new strategies that the Administration will implement: (1) make drug policy a cornerstone of domestic and social policy; (2) target pregnant women, children, and others at-risk for drug use; (3) target hard-core drug users for treatment; (4) reduce drug-related violence; (5) promote certainty of punishment; (6) support research to assist treatment providers to more effectively treat drug addicts; (7) reinvent drug control programs; and (8) seek to increase international commitment to narcotics control. It is noted that the Administration's immediate efforts will include several straightforward initiatives that are the foundation for a new National Drug Control Strategy. These four initiatives are described in the four major sections of this interim report. Section I focuses on reducing demand. Section II emphasizes reducing drug-related violence. Section III concentrates on streamlining government and empowering communities. Section IV centers on providing international leadership and supporting the anti-drug policies around the world. The conclusion notes that the anti-drug effort will not be just a federal undertaking, but will be a collaborative one that includes state and local governments, the private sector, schools, religious institutions, community groups, and the efforts of individual Americans. (NB)

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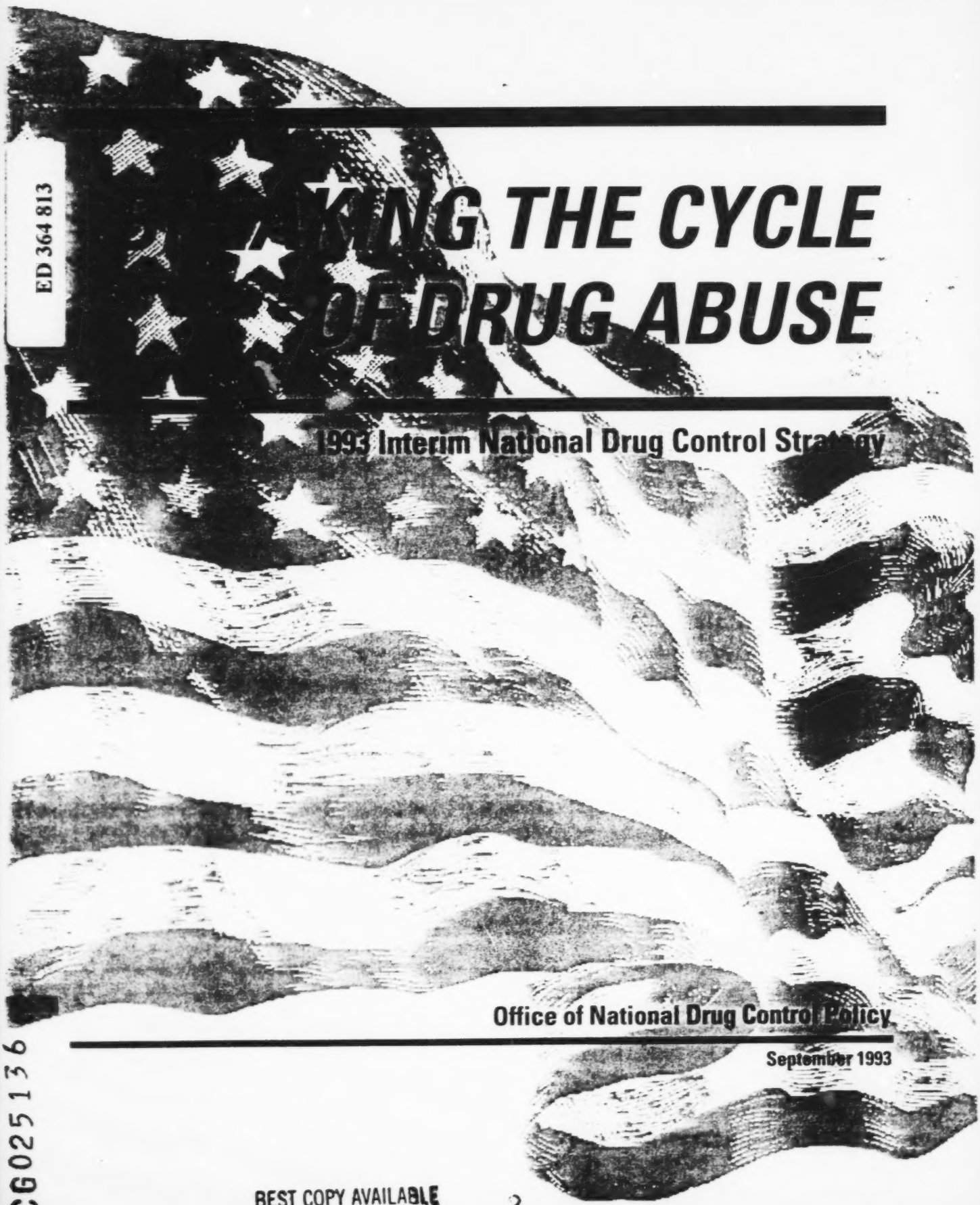

KING THE CYCLE OF DRUG ABUSE

1993 Interim National Drug Control Strategy

Office of National Drug Control Policy

September 1993

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BREAKING THE CYCLE OF DRUG ABUSE

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Preface

The drug issue is about the responsibility of government to its citizens and the kind of society we aspire to be. There must be a national imperative to reduce drug use. Surely this is a national goal that can unite us all, across the boundaries of party, race, region, and income.

Bill Clinton

The President's vision of America is one where all Americans have a chance of achieving their hopes and dreams. He envisions an America renewed by reduced drug use and drug-related crime and violence. He sees an America where children can play in the park or walk to school without falling victim to drug turf violence or the lure of a street corner sale. He sees drug-free schools preparing our children for the challenges of the 21st century and drug-free workplaces enabling America to prosper.

To achieve this vision, we must recognize that America is still in the midst of a drug epidemic. This *1993 Interim National Drug Control Strategy* comes at a critical crossroad. Although drug-related violence and abuse continue to be among the most profound problems confronting the Nation, much of the media and public attention that accompanied the drug crisis during the 1980's has begun to fade. The loss of public focus may be due in part to some encouraging news. Drug use among our nation's youth has dropped since its peak in 1985 and 1986, prompting some to conclude that the drug problem, if not over, is no longer a crisis. This conclusion is as dangerous as it is wrong.

Although some strides have been made in reducing drug abuse, they have been realized largely among young people who were not heavy users to begin with and who, following natural demographic trends, would likely have stopped using drugs early in their adult years.

The loss of public focus has also allowed the voices of those who would promote legalization to ring more loudly and be heard more clearly. The declines thus far in the use of drugs are in part because they are illegal. Legalization is a formula for self-destruction. The Administration is unequivocally opposed to any "reform" that is certain to increase drug use.

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We begin this new course by recognizing that the principal drug problem today lies with hard-core drug use. Past anti-drug policies have focused on the casual and intermittent user, achieving some degree of success. But by focusing on this less complicated aspect of the drug problem, we have failed to reduce hard-core drug use and its disproportionate impact on society.

This Administration has no illusions about the tenacity of the drug problem — particularly hard-core drug use — and its impact on the lives of all Americans. Drug and alcohol abuse destroy individuals, families, and even communities. Drugs increase violent crime, overburden the criminal justice and health care systems, hinder learning, and reduce America's productivity.

This Interim Drug Strategy is designed to chart a new, realistic course that captures our national conscience and fortifies our national resolve. Progress will be made if we commit to preventing drug abuse before it starts, to extending a hand to those who have started, and to punishing those who profit from the misery and tragedy that flows from drug trafficking.

This Interim Strategy is intended to give a new sense of direction and to reinvigorate this nation's efforts against drug trafficking and abuse. Here is what we will do differently:

- We will make drug policy a cornerstone of domestic policy in general and social policy in particular, by acknowledging drug abuse as a public health problem and by linking drug policy to our efforts to grow the economy, to empower communities, to curb youth violence, to preserve families, and to reform health care.

- We will target our prevention programs, especially among inner-city youth, and reach out to pregnant women, women of child-bearing age, children, and others at-risk for drug use to avoid any increase in levels of first-time drug use.

- We will target hard-core drug users, both inside and outside of the criminal justice system, for treatment to reduce their drug use and its consequences.

- We will work to reduce drug-related violence by expanding community policing, putting more police on the streets, and taking guns out of the hands of criminals.

- We will promote certainty of punishment by ensuring that all drug offenders — particularly younger offenders — receive some type of sanction *when they first encounter the criminal justice system.*

- We will support research to assist treatment providers to more effectively treat drug addicts.

- We will reinvent our drug control programs, move beyond ideological debates, and build on proven strategies. This means designing our anti-drug strategies based on knowledge gained from research.

- We will seek to increase international commitment to narcotics control and will work with other nations *that demonstrate the political will to end illegal drug trafficking.*

The drug problem is a national one. Drugs are not a problem solely of the poor, or minorities, or inner-city residents. In fact, the majority of these citizens do *not* use drugs, but they are victims of those who do. The problem is neither liberal nor conservative, Republican nor Democrat. It affects all Americans. And so leadership at all levels is essential. The President has expressed his commitment by making the Director of the Office of National Drug Control Policy a member of his Cabinet. This will ensure that a strong drug policy voice is present at the table when labor, education, housing, health, justice, and international matters are discussed. Moreover, this elevation will facilitate more coordinated national drug policies.

Our immediate efforts will include several straightforward initiatives that are the foundation for a new National Drug Control Strategy:

I. Reducing Demand: A New Focus.

II. Reducing Drug-Related Violence: A Call for Common Sense Crime Control and Prevention.

III. Changing the Way We Do Business: Streamlining Government and Empowering Communities.

IV. Providing International Leadership: Support for Anti-Drug Policies Around the World.

This Interim Strategy does not represent the Administration's definitive drug control policy. It does not contain detailed and quantifiable goals and objectives, nor does it address every facet of how national government can and *will* seek to reduce the supply of and demand for illegal drugs in America and abroad. Such specific guidance and direction will be presented in the comprehensive *National Drug Control Strategy* that will be submitted to Congress on February 1, 1994, as required by law.

The challenges before us today are as daunting as they were more than four years ago when the first Strategy was released. Drugs continue to threaten to break apart society. No parent addicted to drugs or alcohol can adequately care for a child. No child so affected can adequately learn in school. No street is safe where drugs predominate. No effort in housing or employment or education or public safety will fully succeed until the target populations are free of drug and alcohol addiction.

This Interim Strategy offers an initial response to these challenges, providing the direction for a safer, stronger, and more secure Nation for our children and our children's children.

Lee P. Brown
Director, Office of National
Drug Control Policy

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Reducing Demand: A New Focus

Our aim is to cut off the demand for drugs through prevention. That means more and better education, more treatment, and more rehabilitation.

Bill Clinton

The first step in reducing the demand for drugs is to prevent drug use before it starts. Accordingly, we must continue to work hard to prevent Americans, particularly our youth, from ever trying drugs. Our drug prevention programs must send a strong "no use" message and educate individuals about the risks and dangers of illegal drug and alcohol use, including the spread of HIV/AIDS, and teach them how to resist peer pressure to use drugs.

But when prevention fails — as it will in some cases — we must get drug users to stop. Drug dependency is a chronic, relapsing disorder, and users stand little chance of recovery without appropriate intervention and treatment. Treatment must be made available to those who need and want it.

The time has come for Americans to change their thinking about drug treatment. As a society, we continue to have difficulty with accepting the merits of drug treatment. Myriad studies have established over and over again that many different forms of treatment can be successful in reducing drug use and increasing a drug user's chances of leading a drug-free, crime-free, and generally more productive life.[1] The benefits of drug treatment go beyond drug users and are extended to the rest of society in the form of reduced criminality, lower health care costs, increased productivity, and more.

We should continue to work to ensure that treatment is more effective, but the simple fact is that the case for treatment has been repeatedly made. We must move treatment to the forefront of our drug abuse policy and make it a higher priority. If we do not, hard-core drug use with all its negative consequences will continue unabated.

For many drug users, drug treatment means outpatient drug counseling and/or pharmacotherapy.[2] But for some drug users, medically supervised detoxification is a necessary prerequisite. For the most dependent users, more intensive treatment — such as residential or intensive day programs — may be required before outpatient community programs can be effective in helping them lead drug-free lives. And for those who put the greatest strain on our health care and criminal justice systems — hard-core users and criminals who are addicts — we must use the carrot and stick of the criminal justice system to demand that they receive treatment. Recognizing the chronic, recurring nature of drug addiction, our treatment efforts must include rehabilitation, habilitation,

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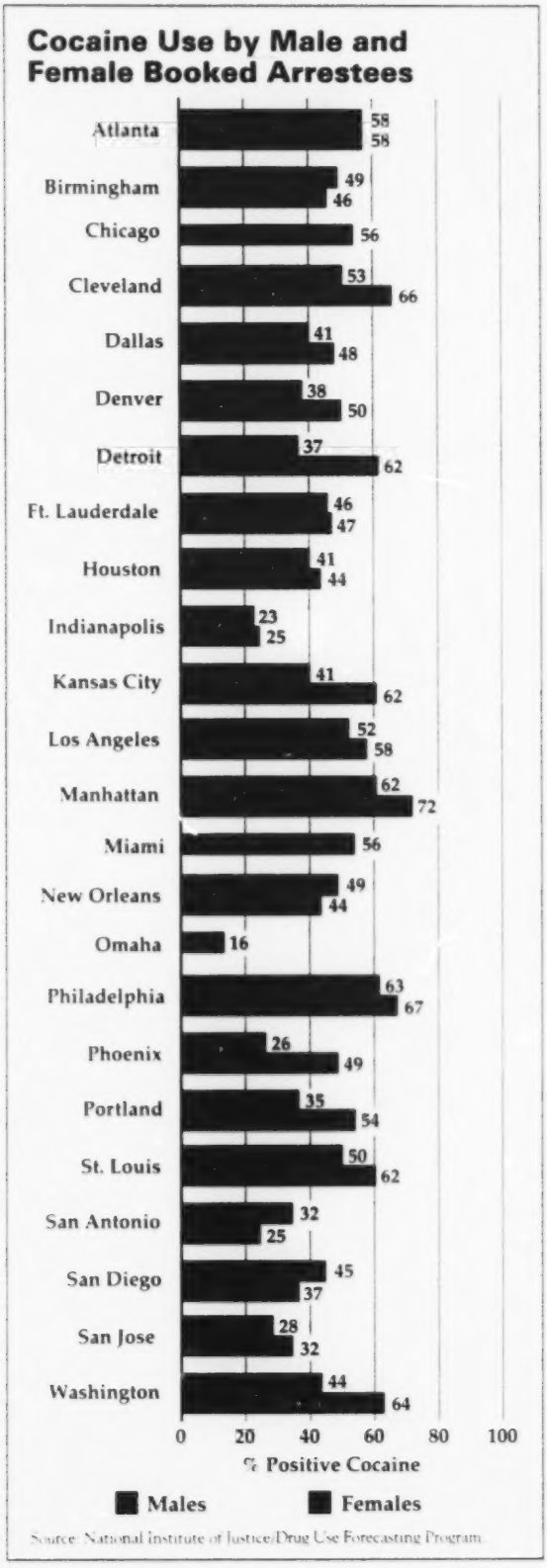
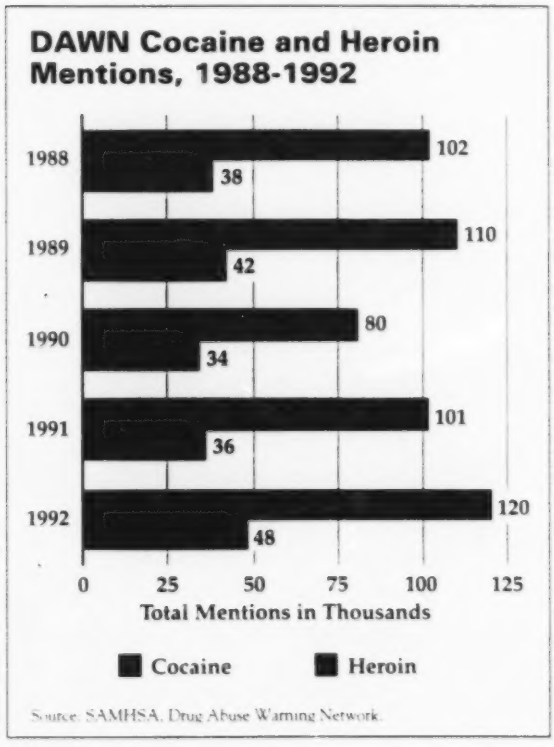


and supportive social services, and must be buttressed by strong case management and supervision.

STEP ONE

Mount an Aggressive Drug Treatment Strategy with Hard-Core Drug Use as its Primary Target

Today, the principal drug problem lies with hard-core drug users — those heaviest users who use drugs at least once a week. Hard-core drug use has not been reduced by past anti-drug efforts, especially in our inner cities and among the disadvantaged. Recent data suggest that problems resulting from heroin and cocaine use are on the rise. According to the statistics from the Drug Abuse Warning Network (DAWN), which monitors the health consequences associated with drug abuse in terms of drug-related deaths and emergency room cases across the country, cocaine and heroin medical emergencies reached 119,800 and 48,000 in 1992, respectively, the highest levels since data for this survey were first reported. Fur-



ther, we continue to see high levels of drug use among the arrestee population, with cocaine being the most commonly abused drug.

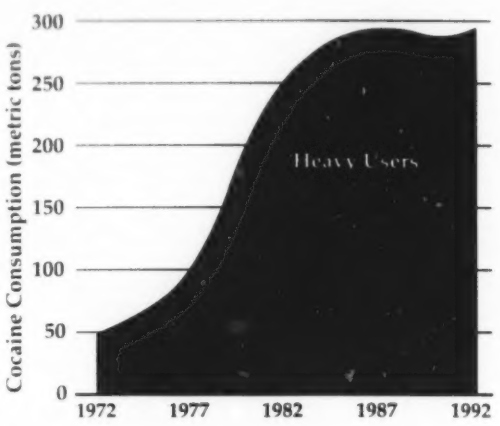
The data also indicate that hard-core users fuel the overall demand for drugs, making them the most difficult and intractable aspect of the drug problem. One study, for example, found that although heavy users constitute only about 20 percent of all cocaine users, they account for roughly two-thirds of total cocaine consumption.[3] Other studies estimate that the number of hard-core cocaine and heroin users is either stable or increasing, compared to 1988.[4]

Thus, reducing hard-core drug use is paramount to the successful resolution of this Nation's drug problem. This requires that we work aggressively to reduce the disparity between the numbers of those who seek drug treatment and available treatment capacity. Our current estimates suggest that as many as 1.1 million persons do not receive treatment because of inadequate treatment capacity. This Administration will make it a priority to add to our Nation's capacity so that those who need treatment can receive it.

Unless we can increase treatment capacity, the physical and psychological debilitation often caused by substance abuse and a drug-using lifestyle will overwhelm our health care system with increased incidence of emergency room episodes for overdoses, hepatitis, tuberculosis, HIV/AIDS, drug-exposed infants and children, and other serious, drug-related problems. Some estimate that by the end of 1993, addictive diseases will result in health care and related costs that will reach $140 billion annually.[5] Of course, it is impossible to put a price tag on the intangible costs to the family structure, communities, and society as a whole.

According to the Department of Health and Human Services, more than one million persons are now infected with HIV. At the end of 1992, an additional 250,000 Americans had developed full-blown AIDS. Injection drug use is directly responsible for about 33 percent of these cases.[6] The medical cost for treating persons with HIV/AIDS ranges from $85,000 to $150,000 per patient.[7]

Estimated Cocaine Consumption by Type of User



Source: RAND, "Controlling Cocaine: Supply vs. Demand Program," Draft Work in Progress for The Office of National Drug Control Policy, (July 1993).

Experts estimate that well over 100,000 babies born each year in the U.S. are exposed to illicit drugs in utero.[8] These babies have lower weights and more health problems at birth and therefore have longer hospital stays and more health care expenses than babies born to nondrug-using mothers. Society is just now learning about the extent of behavioral and developmental problems some of these children face as they mature.

Unless we can increase treatment capacity, the physical and psychological debilitation often caused by substance abuse will overwhelm our health care system . . .

We must be prepared to focus as never before on solutions to the problems of heavy drug use from both the criminal justice *and the public health perspectives*. We must begin to focus more directly on ways to reduce the population of heavy users. We need to devise a new approach to address the drug-using population most resistant to current treatment and prevention strategies.[9]

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This Administration willingly accepts the difficult challenge of addressing hard-core drug use. We can start by addressing the shortfalls among the highest priority populations. For example, about 30,000 pregnant drug abusers are currently being treated. Depending upon the estimate, this represents as few as one in ten pregnant drug abusers receiving treatment. And generally, women remain underserved by our treatment system, making up less than 35 percent of admissions to drug treatment programs.[10] The stigma associated with being a substance abusing woman, particularly a substance abusing mother, as well as fear of losing custody of one's children, lack of child care, and lack of transportation are foremost among the obstacles to entering treatment faced by women. Women living in public housing can also be deterred from seeking help for themselves or their children because they fear losing their home. Where the Federal Government is the source of such unintentional disincentives to treatment, we will remove them.

Hard-core users are more than likely to become involved in the criminal justice system, and we must take this opportunity to demand that they receive treatment.

We can also focus on the criminal justice population. Hard-core users are more than likely to become involved in the criminal justice system, and we must take this opportunity to demand that they receive treatment.[11] Effective institutional programs have demonstrated immediate benefits in prison and jail security. When coupled with effective transitional services, aftercare, and supervision, such programs provide tangible long-term benefits in reducing drug use, reducing criminal activity, and increased work force participation. If we do not act, each year about 200,000 convicted criminals who entered jail or prison with drug-related problems will be released without having received drug treatment.

We must use *all* components of the criminal justice system — enforcement, prosecution, adjudication, and corrections, including probation, parole, and innovative programs such as boot camps[12] — to promote drug treatment. For instance, the courts can either divert criminal addicts to drug treatment before they enter pleas or go to trial, or make treatment a condition of probation, supervised release, or parole. The incentive to take treatment seriously and complete it is enhanced when the alternative is incarceration. Coupled with initiatives like Treatment Alternatives to Street Crime (TASC) that have proven successful in reducing drug use and alleviating prison and jail overcrowding, these efforts can help reduce hard-core drug use.

The President strongly believes that both the individual and society benefit when those in the criminal justice system in need of treatment can get it. Accordingly, he has asked the Director of the Office of National Drug Control Policy to work with the Attorney General and the Secretary of Health and Human Services to assess the current situation and recommend steps the Federal Government can take to promote such treatment at the Federal, State, and local levels.

It is also imperative that heavy drug users receive the support and skills they need to prevent them from reverting to drug use. Habilitation and social services must be linked with treatment services, both during and after treatment. By giving heavy drug users the skills to cope without using drugs and alcohol, they will be afforded a chance to remove themselves permanently from drug addiction.

Finally, the role of health care professionals is critical in helping to reduce drug use in general and hard-core drug use in particular. Rehabilitation of hard-core users presents a difficult challenge, and many treatment programs are reluctant to admit them. Hard-core drug users often lack the social support system conducive to treatment participation and completion, and they generally lack the resources to pay for their treatment. Moreover, if they do enter treatment, they usually recycle one or more times from recovery back through relapse to dependence or abuse.

There is a moral and social obligation for physicians and other health care professionals to

protect their patients by warning them about the perils of substance abuse and by providing proper guidance to and care for those who are already addicted. To ensure that those in the health care professions are trained to treat substance abusers, professional accrediting organizations and associations should ensure that such knowledge is required as a prerequisite to accreditation or certification.

STEP TWO

Enact National Health Care Legislation that Makes Drug Treatment Part of a Basic Health Care Package

Health care reform provides direct substance abuse treatment benefits for inpatient and residential treatment, intensive non-residential treatment, and outpatient treatment. Further, it ensures that all Americans will have access to one system of health-care, replacing an old system that provided one level of care for those with health insurance and another very different level of care for the uninsured. Our plan will establish better linkages between the treatment system and primary health care providers and seeks to improve access to needed services for th e populations who have been underserved or hard to reach. In addition, public initiatives will further complement health care reform by including continued support for substance abuse prevention programs and for programs to meet the special service and educational needs of adolescents and school-aged youth in high-risk settings.

Our national health plan will reform our health care system by providing a substantial drug treatment benefit so that those who need treatment have the means to get it. All Americans should be able to secure treatment when they need it, and — in addition to health care reform — this Administration will continue to work to expand the capacity of the treatment system.

Good drug policy is also good economic policy. Substantial and longer-term savings will accrue from the timely provision of treatment for alcohol and drug abuse problems. According to one recent study,[13] for example, there was a 24 percent decrease in health care costs for a group of treated alcoholics when compared with an untreated group. The study also reports that a Fortune 100 company looked at the initial savings from their Employee Assistance Program and found that medical costs for each employee for the three years prior to their beginning substance abuse treatment averaged $2,068 per year. One year following the initial treatment, average medical costs — excluding treatment costs — were $165. When the cost of substance abuse treatment is factored in, the company still saved $500 per employee.

STEP THREE

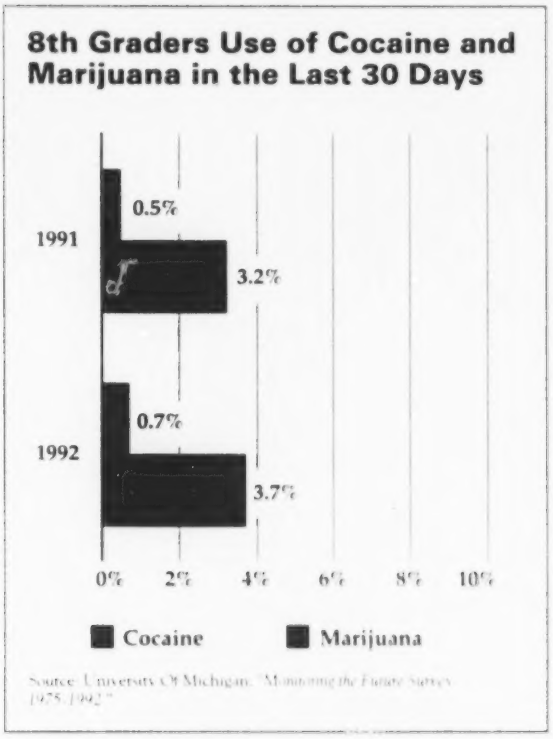
Educate Our Children About the Dangers of Illegal Drugs and Alcohol

Drug use and its attendant violence are symptoms of a much deeper problem affecting American society — our forgotten and neglected children. The issues most affecting the youth of America — crime, drugs, violence, teen pregnancy, youth gangs, and homelessness — are rooted in our neglect of one of our most precious resources: children aged zero to three. We must redouble our efforts to solve this problem.

All Americans should be able to secure treatment when they need it . . .

The years zero to three are the most formative years of a child's life. In the first year, a child will learn about half of learned human response. Within the first three years, a child will learn, among other things, the concept of reward and punishment. These two factors alone suggest that we must focus our attention on our very youngest citizens.

Our institutions must devise appropriate responses to ensure children have appropriate medical care that seeks to prevent, not just cure. Our agenda must start with assurance th every child has good prenatal care.



We must have appropriate pre-learning opportunities, like Head Start, that are consistent in their approaches and available to those that need them. We must also focus our attention on the messages our children receive through the media, and direct them away from violence and toward constructive, positive messages.

Drug education programs are effective in reducing the likelihood that young people will start using drugs.

In short, we must create a national agenda for the health, safety, and education of our children, one to be implemented by those closest to them, their parents and their communities. The Federal Government can assist in the development of partnerships and alliances, and it can provide direction and funding. But, the real work must be done in the community, by those who know what is most needed.

We must give all our children the skills they need to choose a healthy, drug-free lifestyle. Comprehensive community-based drug prevention programs can help provide our children with these skills. While the field of drug abuse prevention is in its infancy, experts agree that successful programs share three common characteristics: they are comprehensive in approach, positive in focus, and tailored to the population they intend to serve.

As part of a comprehensive community-based approach to prevention, drug education programs are effective in reducing the likelihood that young people will start using drugs.[14] Or, if children do start, these programs will lessen the chances that they will use drugs more frequently or progress to more dangerous substances. A challenging curriculum, one that is backed by a comprehensive drug education program and firm anti-drug policies, and also faces the challenges of underage drinking and tobacco use, creates an environment where drugs are unacceptable. Moreover, dedicated teachers, an energetic principal, involved families, and high expectations for students strengthen prevention efforts.

Virtually all schools have instituted drug prevention programs. Many are doing an excellent job, but there is cause for concern. According to recent data, eighth graders and college students are reporting higher rates of drug use in 1992 than they did in 1991. Further, fewer eighth graders in 1992 perceived great risk with using cocaine or crack than did eighth graders in 1991.[15] Schools and institutions of higher education must strengthen their efforts to ensure that our youngsters are able to learn in a drug-free environment.

Effective school-based programs are comprehensive and include the following elements. They are conducted by teachers who are thoroughly informed about substance abuse. Further, they begin in early childhood, extend through 12th grade, and integrate teaching about drug abuse into comprehensive courses on health education. They identify skills and techniques to resist drugs and include firm anti-drug policies that include strong sanctions and parental involvement. In addition, schools should provide a student assistance program, offer drug-free activities, and vigorously address other problems associated with the

drug trade, such as weapons and violence in the schools. To complement and reinforce school-based prevention programs, positive activities for youth, such as recreational, cultural, mentoring, tutoring, and community service opportunities should be made widely available for youth.

Volunteers are another important prevention resource. Citizens of all ages, from all occupations, and in every community can become meaningfully involved in the lives of at-risk children — as tutors, mentors, coaches, companions, group leaders/advisors, etc. — and thereby help them avoid drug use and crime. For example, individuals from all walks of life can become adult mentors and help steer young people away from drugs and crime and toward a productive future.

The President's National Service Plan, which was signed into law on September 21, 1993, will play an important role in reaching out to our youth and offering alternatives to drugs. National Service marries educational opportunity and service — offering opportunities to serve in our country, meeting its unmet needs. Participants, age 16 and older, will receive awards to help pay for post-secondary education. Those engaged in National Service will work in one of four priority areas — public safety, education, human needs, and the environment — on projects that may transform participants and provide direct service to our Nation's neighborhoods.

In the drug-related areas, participants might teach drug awareness to elementary and middle school students, or work alongside a police officer engaged with the community in addressing neighborhood crime and disorder problems. National Service adds up to alternatives for our Nation's youth and holds the possibility of providing a surer sense of citizenship and participation through service.

Finally, the media has an important role to play in reducing the demand for drugs. Newspapers, radio, and television can help keep this important issue in the public eye by giving higher visibility to those in our communities who are struggling to regain control and create a safe environment. By doing this, the media will showcase the positive efforts to reduce drug use and will give encouragement to other communities to face the challenge of drug use head-on.

STEP FOUR

Reduce Drug Use in the Workplace

Drug use in the workplace threatens worker safety, health, and productivity; it increases health care costs and has a negative impact on employment and training efforts. In certain industries, the very safety of the public may be at greater risk if drug use is not eliminated. In short, illegal drug use endangers the economic recovery and future competitiveness of this country.[16]

The workplace provides a unique setting to educate young adults and parents about the dangers of drug use. Many of our large corporations, faced with new and emerging technologies in a global environment, are "re-engineering" their organizations to remain competitive. We encourage them to continue to develop innovative approaches to maintaining a drug-free work environment.

In certain industries, the very safety of the public may be at greater risk if drug use is not eliminated.

The Administration will continue to assist businesses in their efforts to ensure that drug use and distribution are not tolerated in America's workplaces. The Administration will encourage businesses to adopt comprehensive drug-free workplace programs, similar to those instituted in the transportation sector, that are effective in deterring and detecting drug use. The Federal Government will develop a national partnership with State governments and large and small businesses to further the development of drug-free workplaces throughout the Nation.

ENDNOTES

[1] The number of such studies is extensive. See, Gerstein, Dean R. and Harwood, Henrick J. (eds), *Treating Drug Problems* (Vol. 1) National Academy Press: Washington, D.C., 1990; Hubbard, Robert L. et al, *Drug Abuse Treatment: A National Study of Effectiveness*, the University of North Carolina Press: Chapel Hill, 1989.

[2] Pharmacotherapy involves using pharmaceutical, licit drugs to control physical and psychological addictions.

[3] RAND *work in progress*, "Modeling the Demand for Cocaine," draft report prepared for the Office of National Drug Control Policy, July 1993.

[4] See Abt Associates, "What America's Users Spend on Illegal Drugs, 1988-1991," prepared under contract to the Office of National of Drug Control Policy (July 1993), and Joseph Gfroerer and Marc Brodsky, "Frequent Cocaine Users and Their Use of Treatment," American Journal of Public Health (1993).

[5] According to the Center on Addiction and Substance Abuse (CASA), the abuse of tobacco, alcohol, and legal and illegal drugs is responsible for one out of five dollars Medicaid spends on hospital care. According to CASA, substance abuse will be responsible for more than $7.4 billion in Medicaid inpatient costs in Fiscal Year 1994. (Source: Jeffrey Merrill, et al., "The Cost of Substance Abuse to America's Health Care System." Center on Addiction and Substance Abuse, Columbia University, 1993).

[6] Injection drug use is not the only source of drug-related HIV exposure. Disinhibition and impaired judgment due to drug use, especially alcohol use, increase HIV exposure through increased sexual activity and unprotected sex. Further, heavy alcohol and other drug use impairs the immune response, leading to many health problems, including AIDS.

[7] U.S. Department of Health and Human Services. *Surgeon General's Report to the American Public on HIV Infection and AIDS*. (Washington, D.C.: GPO), 1993.

[8] In fact, a recent study of mothers giving birth in California estimated that 5.2 percent of mothers in that State tested positive for illicit drug use prior to delivery. See William A. Vega, et al, "Profile of Alcohol and Drug Use During Pregnancy in California, 1992," submitted to the State of California, Department of Alcohol and Drug Programs.

[9] Many hard-core users have never received treatment. In fact, over 40 percent of out-of-treatment injecting users have never been in a treatment program, despite having used drugs for an average of 11 years.

[10] Many treatment programs are designed for men and do not allow for special techniques to address the psychology and problems of women.

[11] Effective institutional programs have demonstrated immediate benefits in prison and jail security and, when coupled with effective transitional services and supervision, long-term benefits in reduced drug use, reduced criminal activity, and increased work force participation.

[12] Shock incarceration, or boot camps as they are commonly called, appeared in the early 1980s as an alternative to traditional corrections programs. Offenders in these programs spend a relatively short period of time in a quasi-military program involving physical training, drill, manual labor, education, and strict discipline.

[13] This estimate comes from recommendations on substance abuse coverage and health care

reform, prepared by a working group from Columbia University's Center on Addiction and Substance Abuse, in collaboration with the Brown University Center for Alcohol and Addiction Studies. The working group met in New York City on March 6-7, 1993.

[14] A recent study for the Office of National Drug Control Policy found, among other things, evidence of improved self-esteem, classroom conduct among students in school-based programs. See Abt Associates, "Substance Abuse Prevention: What Works, and Why" (August 1993).

[15] Lloyd D. Johnston et al., *Monitoring the Future Survey*, Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, Michigan. 1992.

[16] According to preliminary estimates from the 1992 National Household Survey on Drug Abuse (Advance Report #3), about two-thirds of current adult users of illicit drugs are employed.

Reducing Drug-Related Violence: Common Sense Crime Control and Prevention

. . .[W]e must do more to protect law-abiding citizens from those who victimize them in the pursuit of drugs or profit from drugs.

Bill Clinton

The tremendous strain that drugs place on our economy, and the health care and criminal justice systems makes a clear case for increased treatment and prevention efforts. Drug use fosters crime and violence — property crime to support drug consumption and violent crime to support drug trafficking.[1] No reasonable drug policy can ignore the safety and security of those Americans who work hard and play by the rules, but live in fear because of drug-related crime. A comprehensive, balanced approach involving law enforcement officials, educators, substance abuse treatment specialists, and community members, is essential.

Government's first responsibility to its people is to ensure their security, and this Administration will aggressively pursue this duty. We will strive to ensure that our criminal justice system reflects the common sense values of the American people. That means putting more police on the street, taking guns out of the hands of criminals, ensuring swift and certain punishment for offenders, and acting on innovative crime control and prevention measures. We are most concerned about violence, health, and developmental effects that are reflected in the societal damage done by large scale, violent drug trafficking organizations that disrupt the fundamental institutions of our society.

STEP ONE

Increase Police Presence and Expand Community Policing

As a result of the hard work of America's law enforcement officers and the heroic efforts of many community leaders and members of community coalitions, neighborhood residents have started to take back their communities — house-by-house, block-by-block. But in too many communities, drug crimes continue to take a terrible toll, especially — though not exclusively — in the inner city and in economically disadvantaged communities. Moreover, drug traffickers have proven quite adept at expanding their illegal activity beyond the inner city to suburban and rural areas, where they perceive they can tap new markets and escape the reach of aggressive, short-term drug enforcement efforts.

The effects of drug-related crimes and violence are similar in almost all communities. Social activity is reduced because of fear. Once peaceful neighborhoods can quickly become so violence-ridden and drug-infested that residents become prisoners in their own homes.

To halt this cycle of community decay, many cities have turned to increased police presence and community policing. Although community policing alone cannot undo the problems of drug-infested neighborhoods, it is a necessary first step. When police officers join with community residents to help resurrect neighborhoods, they lay the foundation for representatives from other government agencies, private sector groups, and others to come in and work with local residents.

This Administration is strongly committed to putting more police on the street and expanding the use of community policing throughout the country.

This Administration is strongly committed to putting more police on the street and expanding the use of community policing throughout the country. By promoting and supporting community policing across the country, we can impact local drug problems in a series of different ways. These include:

Reducing Fear of Crime: Los Angeles Police Chief Willie Williams recently stated that: "If you put new officers in uniform and on the street, in cars, on foot beats, on bicycles, wherever they are necessary, you can make a community safe. It can reduce crime. It can reduce the fear of crime." The President and members of his Cabinet strongly agree.

Preventing Drug Crime: By increasing the number of police officers who are working with neighborhood residents to solve crime and drug problems, community policing helps to prevent drug crime.

Bridging the Gap Between Police and the Community: Community policing can help bridge the gap that exists between many communities and their police departments. Community policing is about working in partnership to solve crime and drug problems. By working together, neighborhood residents and police officers can ensure that our drug policies have an impact at the community level, where success and failure is best measured.

Coordinating Drug Control Programs: By learning the specifics about local crime and drug problems, police officers engaged in community policing can work with other government agencies, treatment providers, or any other appropriate social service agency, as well as members of the community, to ensure that our drug programs are properly coordinated from the start. For instance, police officers learn who on their beats are the drug users and who are the drug traffickers. They also learn who needs help and who needs to be closely watched. And they can assist neighborhood residents and city officials to close "crack houses" and open-air drug markets.

As a first-step in promoting community policing, the Administration announced in August the availability of $150 million to hire additional sworn officers who will engage in community policing activities. These monies will be awarded to applicant communities based on their need for increased police resources, as well as on the strength of their community-based policing plans.

We will build on this initial investment by enacting a crime bill to help communities put even more police on the street, by enacting legislation that allows local education and housing authorities to use Federal monies to implement community policing in our schools and public housing, and by giving educational benefits to students willing to serve their communities as police officers and public safety volunteers.

STEP TWO

Responding to Gun Violence

The ready availability of and easy access to guns plays a significant role in drug-related violence and the tragic loss of life in our communities. In fact, crimes committed with guns, especially those incidents involving young people, are on the rise.

This Administration strongly supports the Brady Bill that would create a five-day waiting period for handgun purchases. We urge the Congress to pass this legislation immediately. And, while we have taken a step forward by banning the future importation of assault pistols and reforming Federal firearms licensing procedures as best we can under current law, we need to do more. We need to enact a ban on the domestic manufacture of all assault weapons and pass legislation to increase basic fees for Federal firearms licenses and ensure that recipients of Federal firearms licenses are complying with all State and local laws — not circumventing them.

STEP THREE

Curb Youth Violence

Violence against students and teachers in our Nation's schools has now reached epidemic proportions. If any place in our community is gun-free and drug-free, it must be our schools.

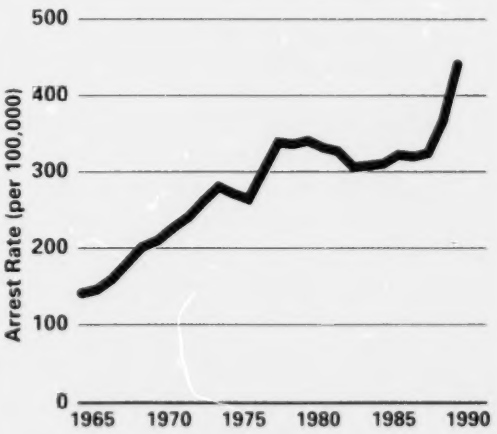
We must continue to explore the interrelationships between drugs, violence, and the ability to learn. If our public schools must first concern themselves with security, learning takes a back seat. Only when our children are free from the threat of violence will they be able to learn the skills they will need for their future and ours. The entire community, including parents, law enforcement, health professionals, and the schools must work together to resolve the multitude of problems spawned by drug use and drug trafficking.

This Administration has submitted to Congress the Safe Schools Act of 1993, emergency legislation to help schools combat violence. This Act would establish the first Federal program specifically designed to direct funds to local school districts that are experiencing high rates of crime, violence, and disciplinary problems. Our children's safety is not a political option or a policy question. It is a moral imperative.

Among our major concerns is the devastating impact that drugs and associated violence have on high-risk youth, particularly African Americans. Consider that during their lifetimes, 40 percent of African American males will be a *victim of a violent crime three or more times*. Further, homicide is the leading cause of death for all African American males and females between the ages of 15 and 34.

Because of the perceived hopelessness of their situation, many of these youth have "dropped out," thereby adding to the interrelated problems of unemployment, welfare, health, and crime. To counter this problem, we will develop initiatives to address the impact of drugs and violence on high-risk youth.

Juvenile Violent Crime Arrest Rates, United States, 1965-1990



Source: FBI Uniform Crime Reports

The criminal justice system must work with the juvenile justice system. We need to develop comprehensive, humane, rational policies that recognize the need to ensure swift and appropriate punishment for these juvenile offenders, yet balance our long-term vision of setting these youth on the right track back to productivity.

STEP FOUR

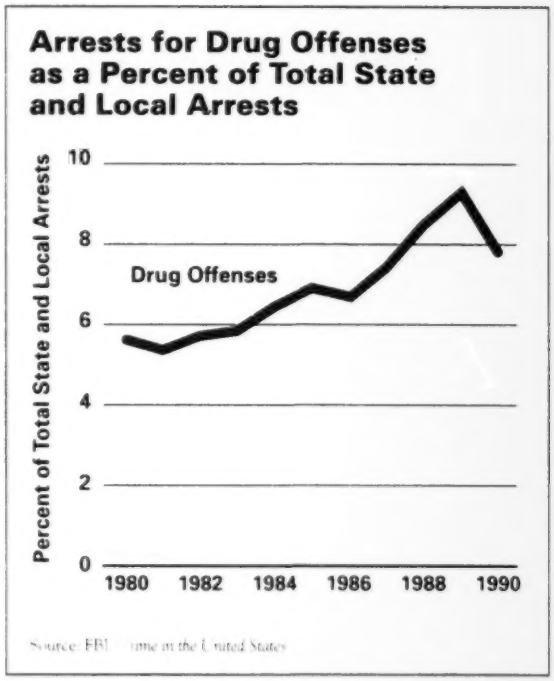
Ensure Swift and Certain Punishment

There is no better arena in which to begin the discussion of intergovernmental partnerships than with prosecution and sentencing strategies. We must rethink our options and devise the best approach to using our limited resources.

Our bottom line must be a sentencing policy that gives credibility to our criminal justice system at all levels of government. We need to have appropriate punishments that are fair, objective, and *carried out*. In short, we need truth in sentencing. Punishments that are threatened, but not carried out, undermine the credibility of the entire criminal justice system. Clearly, as we rethink the structure of appropriate sanctions, we must evaluate the role of minimum mandatory sentences.

The Nation's criminal justice system, especially the courts and prisons, is overburdened by the high level of drug arrests.[3] For the period 1986-90 the number of Federal drug offenders sentenced to prison rose 48 percent, while the number of persons sentenced to prison for all other types of crimes grew only 14 percent. Drug offenders as a percentage of the State- sentenced prison population increased from 7 percent in 1981 to approximately 33 percent by 1990, nearly a five-fold jump. As of September 1993, the Federal prison system was estimated to be 41 percent over capacity and many States were under court order to reduce their prison overcrowding.

We need to make sure that criminals receive swift and certain punishment when they first encounter the criminal justice system, not after it is too late.



Part of this problem is that in making drug-related penalties more severe during the past decade, we have inadvertently made punishment less certain. We need to make sure that criminals receive swift and certain punishment when they first encounter the criminal justice system, not after it is too late. To deter crime, we must increase the risk to criminals by making the prospect of punishment more certain. The choice for those who would break the law must not be between prison or no punishment at all; it must be between the different forms of punishment.

The goal of this Administration is that every convicted criminal should receive an appropriate punishment for his crime. Many will require incarceration, and there must be sufficient space to house them. Others — particularly first-time, non-violent offenders — would be served better by alternative sanctions, including assignment to work programs, boot camps, day reporting centers, electronic monitoring programs, and diversion into treatment.

ENDNOTES

1 Violence is used to protect or expand markets, intimidate competitors, and retaliate against sellers or buyers who are suspected of cheating. To avoid being arrested and punished, drug dealers commit violent crimes against police and threaten informants or witnesses.

2 Nationally, there were 151 arrests per 100,000 juveniles for weapons law violations in 1990. This was the highest rate ever recorded. (Source: Federal Bureau of Investigation, "Uniform Crime Reports for the United States 1991," August 30, 1992).

3 Drug users report greater involvement in crime and are more likely than nonusers to have criminal records. Persons with criminal records are much more likely than ones without records to report being drug users. Crimes rise in number as drug use increases. (Source: Chaiken, Jan M., and Chaiken, Marcia R, in Crime and Justice. Ed. James Q. Wilson and Michael Tonry. University of Chicago Press, 1990, 203-239. Vol. 5).

Changing the Way We Do Business: Streamlining Government and Empowering Communities

Drug policy must focus on those programs that have proven to be successful and cost-effective. It is time to end our philosophical discussion of goals and evaluations, and get down to the business of identifying and funding those programs that show results — and dropping those that do not.

Lee Brown

Many new and innovative programs have been implemented to help reduce the supply and demand for drugs, both overseas and at home. In the past, we have talked about the need to evaluate these programs to determine which of them succeed in preventing or reducing drug use. It is now time to move beyond philosophical discussions and identify and fund those anti-drug programs that work.

But identifying successful programs is not enough. We must broaden our perspective of drug policy and realize that unless successful programs are properly coordinated at the local level, we will not be able to truly pursue a *national* drug control policy. Community coalitions comprised of the many public and private agencies involved in shaping local drug policy have taken drug problems into their own hands. By getting everyone in the community working together, these coalitions have been successful in coordinating drug programs and — equally important — in raising the public's awareness of drug abuse issues and in gaining their support. Accordingly, this Administration is committed to moving drug policy beyond the criminal justice and public health context, and into the greater arena of domestic policy.

STEP ONE

Focus Federal Efforts

This Administration will set a new tone in reducing illegal drug use by "reinventing" Federal drug control programs. Duplicative and uncoordinated drug control efforts abound in the Federal Government, and we can start by streamlining drug control responsibilities. Currently, considerable overlap exists in the areas of Federal drug enforcement, interdiction and intelligence systems, as well as prevention and education. We intend to fully review the overlap in these and other drug control programs.

The goal of drug law enforcement is to protect Americans from drug abuse, by making drugs more expensive and harder to obtain, and to reduce the violence attendant within illicit markets, while protecting Americans and their communities.

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The best national drug law enforcement effort is not one that results in ever-increasing numbers of arrests and convictions, drug removals, and asset seizures, but rather one that effectively reduces drug abuse and its harmful effects, including violence. A clear, rational, and comprehensive supply reduction strategy must focus its investigative resources, interdiction assets, intelligence operations, and other resources on the international and domestic trafficking organizations that are the most significant and dangerous. Our law enforcement agencies will attack criminal enterprises engaged in the production, transportation, and wholesale and retail distribution of our most dangerous drugs, e.g., heroin, and cocaine, without diminishing efforts against the other drugs of abuse: clandestinely manufactured dangerous drugs, legal pharmaceuticals diverted to the illegal market, and marijuana.

Our goal must be to facilitate a real partnership among Federal, State, and local governments . . .

However, to achieve these goals, we must have an integrated strategy that effectively distributes responsibilities among Federal, State, and local institutions. We must rethink what are appropriate roles for the Federal Government, State governments, and local governments. We must think through the multiple, cross-cutting issues, applying principles of Federalism mixed with the realities of modern life and current local conditions. Our goal must be to facilitate a real partnership among Federal, State, and local governments, one in which the Federal Government is not telling the States what to do, but one where we are true partners.

Interdiction,[1] a uniquely Federal responsibility, keeps many tons of cocaine, heroin, and other dangerous drugs from crossing our borders. This important effort attacks the trafficker's critical transportation networks to deny them easy access to this country as well as the use of their preferred routes.[2] Success in keeping the traffickers from significantly increasing drug availability supports the treatment, prevention, and local law enforcement elements of our strategy.

In a country with borders as vast and as open as our own,[3] however, interdiction is a costly undertaking that requires the cooperation of numerous Federal agencies and the source and transit nations. We will review existing interdiction organization, resources, and methods, to ensure they are operating in the most effective and efficient manner. Programs that are proven effective will be continued.

Intelligence support is a particularly critical element of interdiction. Effective interdiction requires that Federal agencies be provided with the best possible intelligence information. Therefore, we will aggressively pursue improvements to those intelligence systems that are the most capable of meeting this need.

And finally, to determine which programs and strategies are the most effective, we will improve our data and research efforts to help Federal, State and local governments, and private organizations obtain the best information possible about the nature and extent of the drug problem. We will work with Federal agencies to improve the quality, timeliness, and policy relevance of drug data collection systems and to develop new methods for capturing information about emerging trends. We will also undertake a new data collection effort to measure the number, location, and characteristics of the hard-core user population, and sponsor and conduct research and evaluation projects to determine which strategies and programs are working.

We will measure the success of our effort by the reduction in drug use and other social harms, such as illness, unemployment, and crime. We will look for concrete results from specific programs. We will establish performance standards for drug treatment providers. This will enable local communities to assess the effectiveness of their treatment providers and will facilitate more informed funding decisions.

STEP TWO

Empower Communities

Some of the best solutions to the drug problem have resulted from successful community coalitions. Formed out of citizens' frustration with government's bureaucratic response to a multifaceted issue such as the drug problem, these coalitions took their fate into their own hands. Instead of government, at all levels, telling them how to solve their problems, community coalitions put together comprehensive plans of their own and told government what resources and support they needed to rid their neighborhoods of drug traffickers and drug abuse.

This Administration wholeheartedly believes that where Federal, State, and local governments share a role in addressing drug abuse and trafficking, the Federal approach must be one that *empowers communities*. Empowering communities means supporting local efforts that are based on comprehensive, strategic plans and that involve the private sector, build on existing community institutions, and coordinate government efforts across program and jurisdiction lines. Despite all the rhetoric about Federal anti-drug programs to reduce drug abuse and drug crime, we simply have not done enough to support community efforts.

To help do so, the President's economic plan targets anti-drug monies — along with growth incentives and other Federal investments — into nine Empowerment Zones and 95 Enterprise Communities. This is an important step toward revitalizing our cities and rural areas. It will provide a starting point for ensuring that our drug policy is integrated and community-based. Communities must look at the spectrum of domestic initiatives — from substance abuse and prevention programs, to community policing grants, and from growth incentives to create jobs, to Community Development Banks to help finance future growth — in developing their plans and ask for what makes the most sense for them. In essence, these communities will become laboratories of Domestic and Economic Policy.

To highlight the importance of community empowerment, on September 9, 1993, the President signed an Executive Order creating the Community Enterprise Board. Headed by the Vice President, the Board will take the lead on working with the Empowerment Zones and Enterprise Communities. The Board will be co-chaired by the President's Assistants for Domestic and Economic Policy and includes the Director of the Office of National Drug Control Policy and other Members of the Cabinet.

STEP THREE

Using Research For Results

Research is an investment in our future, and this Administration will continue to support efforts that add to our knowledge base about the nature and extent of the drug problem, and about what works in reducing drug availability and use. In particular, we need to know more about the causes and consequences of drug use, where and among whom it is the most threatening, what options are available to us to control initiation, and to reduce drug use. Our objective is the explicit application of research, studies, and evaluations by all involved in the drug effort to improve the efficiency and effectiveness of drug control programs.

Some of the best solutions to the drug problem have resulted from successful community coalitions.

With respect to demand-related research, emphasis will be placed on behavioral and biomedical research, which forms the knowledge base for new and improved prevention and treatment strategies. The Federal government supports almost 90 percent of all drug abuse research, which focuses on the incidence and prevalence of drug use, and its causes and effects. Federally-funded research is developing new therapeutic approaches, evaluating their efficacy, and designing ways to

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optimize their outcome. Improved diagnostic strategies and instruments, and outreach approaches for drug users not in treatment (especially injection drug users at risk for HIV/AIDS) are also under development. Research on the human brain's drug receptors and their sites of action, drug detection technologies, and behavioral and biological techniques will continue. Priority areas for research efforts will focus on evaluation of behavioral therapies for drug treatment and the effects of drugs on the brain and nervous system.

. . . we will provide a community-wide infrastructure support program of technology testbeds or "laboratories in the field" to test and evaluate prototype technology for counterdrug enforcement . . .

Practical requirements dictate that the bulk of demand reduction studies focus on the quality, cost, access, organization, financing, management, and effectiveness of drug treatment, prevention, and other demand reduction activities.[4] Priority areas for research include the evaluation of new medications for the treatment of drug abuse, the effects of drugs on the pregnant addict and her child, and the development and testing of new prevention strategies. Research will also focus on populations at particular risk, such as children, minorities, and underserved populations.

With respect to supply-related research, we will provide a community-wide infrastructure support program of technology testbeds or "laboratories in the field" to test and evaluate prototype technology for counterdrug enforcement in realistic operational settings. Testbeds will derive better designs for fielded equipment and provide a sound basis for bringing new equipment into the law enforcement inventory. Furthermore, we will continue to support development of illicit drug and precursor chemical signature detectability standards for use in designing and evaluating detection equipment in the field.

The Office of National Drug Control Policy's Counter-Drug Technology Assessment Center (CTAC)[5] will expand its technology development and sharing efforts with State and local law enforcement agencies. Accordingly, we will establish an Advisory Group on State and Local Technology Needs, which will be comprised of senior State and local law enforcement executives and technology experts, to help CTAC identify, define, and develop new technologies specifically in support of State and local law enforcement. CTAC will also sponsor research to identify and address gaps in technology to improve our ability to counter drug trafficking and its associated criminal activity.

CTAC will continue outreach programs to facilitate the sharing of technology throughout the law enforcement community, internationally and domestically, by sponsoring technical symposia and workshops on state-of-the-art and advanced technology.

Historically Black Colleges and Universities (HBCU) can make a significant contribution to both supply reduction and demand-side research and development initiatives. With unique ties to both academia and the African-American community, HBCUs offer an opportunity to target sophisticated prevention and treatment modalities for drug use, as well as technical contributions to technology development.

We will identify those schools with graduate degrees in technologies applicable to CTAC requirements. We will then work with HBCU's with the most promising mix of technologies for counterdrug research proposals, emphasizing proposals that feature joint academic-community partnerships. Additionally, CTAC will include HBCU's in areas of particular relevance, such as technical seminars and technology review meetings.

We will also work with the Hispanic Association of Colleges and Universities (HACU) to identify those colleges and universities that have strong links with Hispanic populations in order to target prevention and treatment programs to the fastest growing and youngest minority population in the United States. These institutions provide an effective vehicle to reach large numbers of Hispanic youths living in poverty and at high risk for using drugs and alcohol.

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Research support to the Office of National Drug Control Policy will be expanded to provide a more comprehensive look at drug control policy and strategy development and implementation. Specifically, the research will develop methodologies, models for identifying trends in drug industry operations and for assessing the suitability of existing policies and strategies to counter these trends. The research will also explore the relationship between international trafficking, production, and smuggling operations and fluctuations in market supply, purity, and price.

ENDNOTES

1. The goal of interdiction is to prevent illegal drugs from entering the United States by intercepting and seizing such shipments.

2. Interdiction efforts that contribute to decreasing the flow of drugs across the Southwest Border are crucial since estimates are that 70 percent of the cocaine entering this country does so across this section of our border.

3. The United States has 88,633 miles of coastline and more than 7,500 miles of borders with Canada and Mexico. There are also 300 ports of entry to the United States.

4. Research in other areas are also critical: findings from basic research, which are used toward building blocks toward the development of new medications; research on drug abuse and HIV/AIDS, which is of critical importance because of the link between drug use and AIDS cases; and research on the maternal, paternal, and fetal effects of drug use.

5. CTAC, established in 1991, is the Office of National Drug Control Policy's central counterdrug enforcement research and development organization of the U.S. government.

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Providing International Leadership: Support for Anti-Drug Policies Around The World

Although much remains for the United States to do at home, we will not neglect our close partnership with a growing number of countries around the world that share our commitment to combatting drug trafficking.

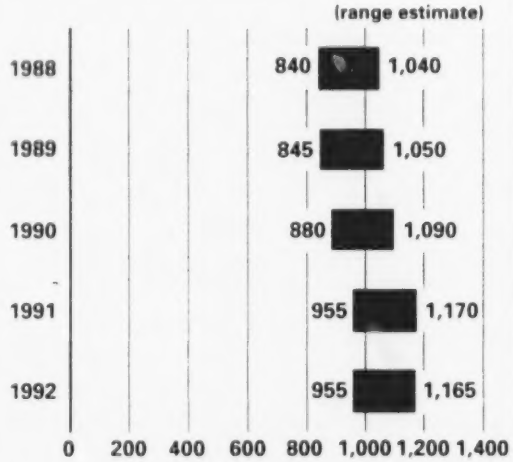
Lee Brown

International narcotics control is a major U.S. foreign policy objective, particularly in the leading drug source, transit, and money laundering countries. Left unchecked, the illegal drug trade's corrupting influences will undermine efforts to promote the development of democratic systems and the rule of law, economic stability and growth, human rights, and a clean environment.

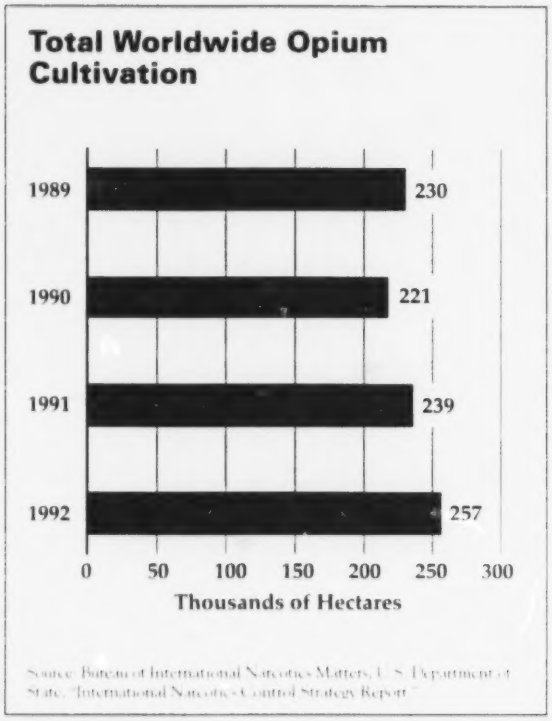
The effectiveness of our domestic supply and demand reduction efforts will be undermined if drugs flow unabated. We must, therefore, continue to work with, and offer our full support and cooperation to other nations, especially the major source and transit countries, that demonstrate the political will and program commitment to combat the drug trade. We will urge other nations to undertake more action on their own by reinforcing the concept that it is in their best interests to do so. Strong diplomatic leadership will help deliver this message and spark foreign governments to take action.

The great majority of illicit drugs found on the streets of the United States are produced overseas, and the major criminal organizations that produce and smuggle them are located in foreign countries.[1] Without international cooperation, our demand and supply reduction efforts to curb drug availability and use will be undermined. To ensure progress, U.S. foreign policy will pursue short- and long-term initiatives at bilateral and multilateral levels.

Total Potential Cocaine Production, 1988-1992



Source: Bureau of International Narcotics Matters, U.S. Department of State, "International Narcotics Control Strategy Report."



Source: Bureau of International Narcotics Matters, U.S. Department of State, "International Narcotics Control Strategy Report."

STEP ONE

Prioritize International Efforts

We will continue to treat the flow of drugs to this country and the operations of foreign drug trafficking organizations as a threat to U.S. national security. Cocaine remains our primary threat, although heroin warrants serious concern. To counter this threat, we will ensure a coordinated response by U.S. supply reduction agencies and the strongest cooperation between the United States and other countries to stem the international drug trade.

We will continue to treat the flow of drugs to this country and the operations of foreign drug trafficking organizations as a threat to U.S. national security.

To improve our national responses to organized international drug trafficking, there will be a controlled shift of emphasis from the transit zones to the source countries, focusing on democratic institution-building of law enforcement and judicial institutions. We will selectively back alternative development and crop control programs when there is a strong prospect or record of success. We will emphasize assistance to international and regional institutions, such as the United Nations and Organization of American States, that conduct counternarcotics programs in support of democratic governments in such areas as legal and judicial reform, strengthening of law enforcement capabilities, and promotion of demand reduction and alternative development efforts.

Furthermore, we will sponsor projects that have regional applicability, such as law enforcement training, detection and monitoring activities, and communications systems. We will seek to involve more deeply multinational development banks and other international financial institutions in support of counternarcotics programs directed toward alternative development and judicial reform. And we will develop, where appropriate and with host country participation, integrated regional technical systems to support their own interdiction efforts.

We will concentrate drug control assistance in major producer and transit countries that have demonstrated their political will to reduce drug trafficking. Assistance programs will focus on improving judicial and policy systems, interdiction efforts, and other programs to attack the drug-trafficking infrastructure. Our goal is to improve their ability to arrest or incapacitate the leaders of drug organizations and to control money laundering and the flow of essential and precursor chemicals.[2] Further, we will monitor shifts in illicit production and trafficking and institute the planning required to counter these shifts.

We will continue diplomatic, public awareness, demand reduction, and other efforts with key countries whose political commitment to counternarcotics is weak. Our objective is to convince them that, as members of the global community, their full participation in the international campaign against drugs is their responsibility and is in their own national interest.

STEP TWO

Build A Global Alliance

The urgent need to strengthen and broaden international cooperation against the global drug trade cannot be overstated. The cultivation, production, trafficking, and use of illicit drugs is an increasingly global problem. The drug trade poses new trafficking challenges and threats to political and economic stability that the United States cannot confront alone. For example, criminal syndicates are taking advantage of the political turmoil in Eastern Europe and other parts of the world to expand narcotics trafficking, a move that is undermining regional progress towards democratic, social, and economic reform.

The United States will continue to lead the effort to develop an international coalition against drug cultivation, production, trafficking, and use, through multilateral organizations and initiatives, using the full range of traditional and public diplomacy tools at our disposal. Past "drug summits" created cooperative frameworks for action in the form of international treaties, regional working groups, and model legislation. Some of these efforts continue to bear fruit, but some agreements have languished. We will use established consultative groups such as the Organization of American States, the Financial Action Task Force, the Dublin Group, the International Drug Enforcement Conference, and various United Nations and European Community efforts that have been useful in coordinating multi-national activities and in developing controls and regulations to address such problems as maritime smuggling, money laundering, and the flow and diversion of essential and precursor chemicals to source countries. We will continue efforts to strengthen the United Nations Drug Control Program that currently provides drug control assistance to 97 countries and, as coordinator of the U.N. anti-drug effort, is getting more U.N. agencies to include drug control objectives in their activities.

ENDNOTES

1 For example, the Cali cartel in Colombia is an organized crime group that, by some estimates, controls over 70 percent of the world's cocaine business.

2 The production of illicit drugs requires precursor and essential chemicals (e.g., cocaine producing chemicals include acetone, ethyl ether, methyl ethyl ketone, potassium permanganate, and toluene). Since most of these chemicals are not manufactured in the cocaine and heroin source countries, drug trafficking organizations must usually obtain them through international commerce.

Conclusion

The National Drug Control Strategy will give a new direction and focus to our drug control efforts. The Administration is committed to reducing the demand for drugs through effective and aggressive prevention and treatment initiatives, with particular focus on the difficult problem of hard-core drug use and seriously at-risk populations. The economic and social revitalization of those communities ravaged by drug use will be central to the Administration's anti-drug efforts.

At the same time, the Administration will continue to work aggressively to suppress the traffic in illicit drugs in and directed at the United States. The Administration remains committed to using the full force of the investigative and prosecutive tools at our disposal to ensure that drug traffickers and their organizations are disrupted, dismantled, and destroyed.

We will ensure fairness — yet emphasize certainty of punishment — for those who violate drug laws. We will also encourage innovative alternatives to incarceration, expand drug treatment capacity, promote referrals into treatment for those in the criminal justice system, and support community policing to make our communities safe once again. We will work with the international community to combat the transnational syndicates that control the drug trade.

Our anti-drug effort will not just be a Federal undertaking, but will be a collaborative one that includes State and local governments, the private sector, schools, religious institutions, community groups, and the efforts of individual Americans. Our task is a challenging one, but one that must be done for the future growth, security, and prosperity of all Americans.